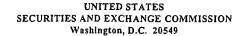
1330680

FORM D



FORM D



NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR

OMB APPROVAL
OMB Number: 3235-0076
Expires: April 30, 2008
Estimated average burden
hours per response. 16.00

USE ON	ILY
	Serial
ERECEIVI	ED
	.
	USE ON

00000220	UNIFORM LIMITED OFFERING EXEM	PTION
Name of Offering (check if the Convertible Note	is is an amendment and name has changed, and indicate change.)	RECEIVED
Filing Under (Check box(es) that ap Type of Filing: X New Filing		470
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested	about the issuer	
Name of Issuer (check if this is	s an amendment and name has changed, and indicate change.)	190/8/
The Drop Spot, Ltd.		
Address of Executive Offices 800 Richwood Ave., C	(Number and Street, City, State, Zip Code) columbus, Ohio 43215	Telephone Number (Including Area Code) 614–486–4800
Address of Principal Business Opera		Telephone Number (Including Area/Code)
(if different from Executive Offices) Same as above.		Same as above. PROCESSED
Brief Description of Business eBay auction sale fa	cilitator	JUN 2 2 2005
Type of Business Organization corporation business trust		lease specify): limited liabilityFINANCIAL company
Actual or Estimated Date of Incorpor Jurisdiction of Incorporation or Orga	Month Year ation or Organization: 03 04 X Actual Estin nization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS		
Federal: Who Must File: All issuers making an 77d(6).	offering of securities in reliance on an exemption under Regulation D o	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
and Exchange Commission (SEC) on	d no later than 15 days after the first sale of securities in the offering, the earlier of the date it is received by the SEC at the address given be iled by United States registered or certified mail to that address.	A notice is deemed filed with the U.S. Securities clow or, if received at that address after the date on
Where To File: U.S. Securities and I	Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 203	549.
	this notice must be filed with the SEC, one of which must be manually opy or bear typed or printed signatures.	signed. Any copies not manually signed must be
	must contain all information requested. Amendments need only repor art C, and any material changes from the information previously suppli	
Filing Fee: There is no federal filing	fee.	
ULOE and that have adopted this fo are to be, or have been made. If a s	reliance on the Uniform Limited Offering Exemption (ULOE) for sa rm. Issuers relying on ULOE must file a separate notice with the So tate requires the payment of a fee as a precondition to the claim for hall be filed in the appropriate states in accordance with state law	ecurities Administrator in each state where sales the exemption, a fee in the proper amount shall

-ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

this notice and must be completed.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter General and/or Director Managing Partner Full Name (Last name first, if individual) Sable Lion Ventures, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 800 Richwood Avenue, Columbus, Ohio 43215 ☐ Beneficial Owner ☐ Executive Officer Check Box(es) that Apply: Promoter Director X General and/or Managing Partner Full Name (Last name first, if individual) Derek R. Harp Business or Residence Address (Number and Street, City, State, Zip Code) 800 Richwood Avenue, Columbus, Ohio 43215 General and/or Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer Director Managing Partner Full Name (Last name first, if individual) Randall T. Gerber Business or Residence Address (Number and Street, City, State, Zip Code) 800 Richwood Avenue, Columbus, Ohio 43215 Check Box(es) that Apply: ☐ Beneficial Owner 🔀 Executive Officer Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Colin J. Tuggle Business or Residence Address (Number and Street, City, State, Zip Code) 800 Richwood Avenue, Columbus, Ohio 43215 Promoter ☐ Beneficial Owner 🔯 Executive Officer Check Box(es) that Apply: Director General and/or Managing Partner Full Name (Last name first, if individual) Andrew Reagan Business or Residence Address (Number and Street, City, State, Zip Code) 800 Richwood Avenue, Columbus, Ohio 43215 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

			i i	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	B. I	NFORMAT	ION ABOU	T OFFERI	NG				
1.	Has the	issuer solo	i, or does ti	he issuer i	ntend to se	ll, to non-a	ccredited i	nvestors ir	this offer	ing?		Yes	No X
			,			Appendix				•			(A)
2.	What is	the minim	ium investn	nent that w	vill be acce	pted from	any individ	lual?				<u>s_2,</u>	000_
	5 5 .1	CC :	•. • •									Yes	No
3.												_	
4.	commis If a pers or states	sion or sim on to be lis s, list the na	ilar remune ted is an ass	ration for s sociated pe roker or d	solicitation erson or age ealer. If me	of purchasent of a broker ore than fiv	ers in conno cer or deale e (5) persoi	ection with r registere ns to be list	sales of sed d with the S ted are asso	curities in t SEC and/or	irectly, any he offering. with a state sons of such		
		Last name	first, if ind	ividual)									
N/ Bus		Residence	Address (N	umber and	Street, C	ity. State. Z	Lip Code)						
Nan	ne of Ass	sociated Br	oker or De	aler									
Stat	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)	***********				******	*******	☐ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ĪĎ
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH) WV)	OK WI	OR WY	PA PR
	_ <u></u>		ارعی	114		[01]		[<u>XV</u>]	WA			(W I)	FK.
Full		Last name	first, if indi	ividual)									
		Residence	Address (1	Number an	d Street, C	city, State,	Zip Code)				_=-, -+,		
Nan	ne of Ass	ociated Br	oker or De	aler									-
Stat			Listed Has								<u> </u>		
	(Check	"All States	or check	individual	States)	•••••				***************************************		☐ Al	l States
	AL	ĀK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HÏ	ID
	IL	[N]	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH)	NJ TX	MM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
Full			first, if indi										
N/.													
Bus	iness or	Residence	Address ()	Number an	d Street, C	ity, State, 2	Zip Code)						
Nan	ne of Ass	ociated Br	oker or Dea	aler									
Stat	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit l	Purchasers			***************************************			
	(Check	"All States	" or check	individual	States)		••••••			***********		☐ Ali	States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN NE	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK.	OR WY	PA

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	ĸ			
	Type of Security		gregate ring Price	Ar	nount Already Sold
	Debt	\$	0	. \$	0
	Equity	\$	0	. \$	0
	Common Preferred				
	Convertible Securities (including warrants)	<u>\$1,0</u>	01,393	<u>s_1</u>	,001,393
	Partnership Interests	\$	0	. \$	0
	Other (Specify)	\$	0	_ \$	0
	Total	<u>\$1,0</u>	01,393	<u> </u>	,001,393
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	e r			Aggregate
		-	umber vestors	(ollar Amount of Purchases
	Accredited Investors		19	_	,001,393
	Non-accredited Investors		0	\$	0
	Total (for filings under Rule 504 only)		N/A	\$ <u>1</u>	,001,393
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				
	Type of Offering		ype of curity	D	ollar Amount Sold
	Rule 505		N/A	\$_	N/A
	Regulation A		N/A	\$_	N/A
	Rule 504		N/A	\$_	N/A
	Total		N/A	\$_	N/A
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees	• • • • • • • • • • • • • • • • • • • •		\$	0
	Printing and Engraving Costs			\$	0
	Legal Fees	•••••	X	\$	5,000
	Accounting Fees	•••••		\$	0
	Engineering Fees			\$	0
	Sales Commissions (specify finders' fees separately)			\$	0
	Other Expenses (identify)		🗀	\$	0
	Total		<u>X</u>	\$	5,000

and to	Enter the difference between the aggregate offering price given in response to Par otal expenses furnished in response to Part C — Question 4.a. This difference is teeds to the issuer."	he "adjusted gross		\$ <u>996</u>	. 393
each check	ate below the amount of the adjusted gross proceed to the issuer used or propo of the purposes shown. If the amount for any purpose is not known, furnisl k the box to the left of the estimate. The total of the payments listed must equal teeds to the issuer set forth in response to Part C — Question 4.b above.	n an estimate and			
		1	Payments to		
			Officers, Directors, & Affiliates		yments to Others
Salari	ies and fees	X	350,165	X \$_4	11,68
Purch	nase of real estate	🗆 5	<u> </u>	□\$_	00
Purch and e	nase, rental or leasing and installation of machinery		S0	<u> </u>	23,66
Const	truction or leasing of plant buildings and facilities		<u> </u>	S_	0
offeri	isition of other businesses (including the value of securities involved in this ing that may be used in exchange for the assets or securities of another		_		
	r pursuant to a merger)			_	
	yment of indebtedness	_			
	ing capital	_		_	
Other	r (specify):		<u> </u>	☐ \$	0
			<u> </u>	s	0
Colum	mn Totals				46,22
Total	Payments Listed (column totals added)				3
i EY (%)	d. federal signature	Ž - 1	188		

sig the Signature Date Issuer (Print or Type) The Drop Spot, Ltd. June 9, 2005

Name of Signer (Print or Type)

Derek R. Harp

Title of Signer (Print br Type) Chief Executive Officer

ATTENTION —

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

1.1		E. STATE SIGNA	TURE			
1.	Is any party described in 17 CFR 230.262 provisions of such rule?				Yes	No X
	Se	ee Appendix, Column 5, fo	r state respo	inse.		
2.	The undersigned issuer hereby undertakes to D (17 CFR 239.500) at such times as requi		strator of an	y state in which this notice is fi	led a no	tice on Form
3.	The undersigned issuer hereby undertakes issuer to offerees.	to furnish to the state admi	nistrators, u	pon written request, informati	on furn	ished by the
4.	The undersigned issuer represents that the limited Offering Exemption (ULOE) of the of this exemption has the burden of establi	state in which this notice is	s filed and u	nderstands that the issuer clain		
	er has read this notification and knows the cor horized person.	ntents to be true and has duly	caused this	notice to be signed on its behal	f by the	undersigned
Issuer (I	Print or Type)	Signature	0	Date		
The :	Drop Spot, Ltd.	MIL	P	June 9, 20	05	
Name (I	rint or Type)	Title (Frint or Type)				
Dere	k R. Harp	Chief Executi	ve Offi	cer		

Derek R. Harp

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	govern to preside the		7	e com me communità del communicación	PPENDIX			T	nag remakente E
1	Intend to non-a investor	l to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1) Type of investor and amount purchased in State (Part C-Item 2)					5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL							-		
AK									
AZ									
AR								-	
CA		Х	Convertib Notes \$100,00		\$100,000	0	0		х
со			7200,00		7100,000	<u> </u>			
СТ									
DE									
DC	-								
FL									
GA									
ні									
ID									
IL		Х	Convertibi Notes \$7,000	е 1	\$7,000	0	0		Х
IN									_
IA									
KS									
KY				-					
LA									
ME									
MD									
MA									
MI									
MN									
MS								_	

APPENDIX 2 4 Disqualification under State ULOE Type of security Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of offered in state investors in State amount purchased in State waiver granted) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited Investors Investors State Yes No Amount Amount Yes No MO MT NE NV NH NJ NM NY NC ND Convertible ОН X Notes \$894,393 \$894,393 17 0 0 OK OR PA RI SC SD TN TX UT VT VA WA WV WI

1	Intend to sell to non-accredited investors in State		Type of security and aggregate offering price offered in state Type of investor and amount purchased in State			and aggregate offering price					
	(Part B	3-Item 1)	(Part C-Item 1)		waiver granted) (Part E-Item 1)						
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
WY											
PR											